

CITY OF HUBBARD

The City of Hubbard is pleased to offer you a new service – the Direct Payment Plan. Now you can have your utility (sewer, water, street) payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statement, your payment is always on time – it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your utility statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1. Mark the box next to the type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name, location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form

Here's how the Direct Payment Plan works:

AUTHORIZATION FOR DIRECT PAYMENT

I authorize City of Hubbard to initiate electronic debit entries to my: checking account or savings account for payment of my water, sewer, and street bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled in writing.

Staple Voided Check Here

Date _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FORM FOR YOUR RECORDS